

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

5355

-62-020957

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 7 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St LouisLength of stay in lb
D.O.A.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St Anthony HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St Louis

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
3670 LoughboroughReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Edward

P

Schneider

4. DATE OF DEATH

Month

Day

Year

May

27

1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
Nov 4, 18859. AGE (last birthday)
76IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired10b. KIND OF BUSINESS OR INDUSTRY
Lumber Business11. BIRTHPLACE (City and state or country)
St Louis Mo.12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
Henry Schneider13b. MOTHER'S MAIDEN NAME
Charlotte Wittler14. NAME OF HUSBAND OR WIFE
Leona K Deceased15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Dorothy Schneider 3670 Loughborough

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RUPTURED ABDOMINAL AORTIC ANEURYSM

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC AORTIC ANEURYSM

UNK

DUE TO (c)

451X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

OLD MYOCARDIAL INFARCTION

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-30-59 to 5-27-62 and last saw him alive on 5-11-62
Death occurred at 9:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
5/31/6223c. NAME OF CEMETERY OR CREMATORY
Sunset Burial Park23d. LOCATION (City, town, or county)
Affton(State)
Mo.

24. FUNERAL DIRECTOR

ADDRESS

John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

MAY 28 1962

26. REGISTRAR'S SIGNATURE

Leon Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ronald B. [Signature]

Licensed Embalmer No.

4863

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.